



## VOLUNTEER APPLICATION FORM

Please complete all sections of this form.  
The information you provide will be treated in the strictest confidence.

Please return your application to:  
**Volunteer Manager, Black Country Living Museum, Tipton Road, Dudley DY1 4SQ**  
or [volunteering@bclm.com](mailto:volunteering@bclm.com)

### PERSONAL DETAILS

We will use your details to get in touch with you regarding your application.

|                |                |
|----------------|----------------|
| Title:         | First name(s): |
| Surname:       | Address:       |
| Date of Birth: |                |
| Telephone:     | Postcode:      |
| Mobile:        | Email:         |

### EMERGENCY CONTACT DETAILS

This is intended as a point of contact in case of emergency. You **must** include a phone number.

|                      |           |
|----------------------|-----------|
| Full name:           | Address:  |
| Telephone:           |           |
| Mobile:              | Postcode: |
| Relationship to you: |           |

### EXPERIENCE

Please give brief details of your past experience (paid or voluntary).

## PERSONAL INTERESTS

Please tell us about any particular skills, interests, or hobbies you have.

Why would you like to volunteer for Black Country Living Museum?

## VOLUNTEERING

There are a number of volunteer opportunities across Black Country Living Museum. Please mark (✖) the area(s) that may be of interest to you.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Administration               | <input type="checkbox"/> Archives / Collections       | <input type="checkbox"/> Costume & Tailoring       |
| <input type="checkbox"/> Domestic Life                | <input type="checkbox"/> Events & Activities          | <input type="checkbox"/> Food & Drink              |
| <input type="checkbox"/> Industry & Transport         | <input type="checkbox"/> Learning / Education         | <input type="checkbox"/> Maintenance / DIY         |
| <input type="checkbox"/> Marketing / Communications   | <input type="checkbox"/> Outdoor Projects / Gardening | <input type="checkbox"/> Retail / Customer Service |
| <input type="checkbox"/> Other (please give details): |   |  |

OR

Please specify if you would like to apply for a particular role:

## AVAILABILITY

Which days are best for you to volunteer? (Please mark ✖)

- Mon     Tue     Wed     Thu     Fri     Sat     Sun

How often would you like to volunteer? (Please mark ✖)

- Weekly     Bi-weekly     Monthly     Bi-monthly     Flexible (ad hoc)

### CRIMINAL CONVICTIONS

Under the terms of the Rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?  Yes  No

A conviction does not mean that you cannot volunteer for us, but we do need to know. If you have answered 'yes' to the above, please give details:

### MEDICAL CONDITIONS

Please give details of any medical conditions you think we should be aware of, including any medication you are currently taking.

### REFERENCES

Please provide two referees in support of your application. These must have known you for at least two years and are **not** members of your family. Examples can be a previous employer, a work coach or support worker, a colleague, a friend, or someone who knows you in a professional capacity.

**Referee #1**

Name:

Address:

Telephone:

Email:

Relationship to you:

**Referee #2**

Name:

Address:

Telephone:

Email:

Relationship to you:

## **DECLARATION**

In accordance with the current data protection legislation, Black Country Living Museum Trust may hold and use personal information. This information, including that contained on this form, can be stored on both manual and computer files. It will be held securely and can only be accessed by authorised personnel.

I confirm that the information I have given is true and complete to the best of my knowledge. I shall advise the BCLM of any relevant changes if and when the situation arises.

Signed:

Date:

Thank you for your interest in volunteering at Black Country Living Museum

Please return your application to:  
**Volunteer Manager, Black Country Living Museum, Tipton Road, Dudley DY1 4SQ**  
or **volunteering@bclm.com**

Black Country Living Museum Trust, Registered in England, No. 1226321,  
Registered Charity No. 50448

# Equal Opportunities Monitoring Questionnaire

Black Country Living Museum is working towards achieving diversity among our volunteers, staff and Trustees, and welcomes applications from all sections of the community.

We would like your help to monitor the effectiveness of our volunteer recruitment policy and processes. Your answers will be treated in the strictest confidence and used for statistical monitoring purposes only. This form will be kept separate to your application form and will remain anonymous. (You do not have to complete this form if you do not wish to.)

**1. Gender**

Male    Female    Other    Prefer not to say

**2. Date of Birth**

|  |   |  |   |  |
|--|---|--|---|--|
|  | / |  | / |  |
|--|---|--|---|--|

**3. Marital Status**

Married    Civil Partner    Single    Other    Prefer not to say

**4. Sexual Orientation**

Heterosexual/straight    Gay man    Gay woman/lesbian    Bisexual  
 Other    Prefer not to say

**5. Disability**

According to the Equality Act 2010 definition, do you consider yourself to have a disability?

Yes    No

**6. Ethnic Origin**

I would describe my ethnic origin as (please choose one option from the list below)

White British    White Irish    White Other    Black Caribbean  
 Black African    Black Other    Indian    Pakistani  
 Bangladeshi    Chinese    Mixed    Prefer not to say  
 Other (please state):

**7. Advertisement**

Where did you hear about volunteering for the Black Country Living Museum?

|  |
|--|
|  |
|--|

Thank you for taking the time to complete this form.